

**APPLICATION FOR CERTIFICATE OF TITLE AND REGISTRATION**APPLICATION FOR CERTIFICATE OF (check one) ☐ Title ☐ Title and Registration (license plates issued) ☐ Title to a Manufactured HomeACQUISITION (check if applicable): ☐ Seizure ☐ Replevin ☐ Repossession (vehicle must be in your possession) ☐ Leased ☐ Rental  
☐ Abandonment (complete form VSA-40 also) ☐ Court Order ☐ Mechanic's Lien/Storage Lien (complete form VSA41 also)**ALL APPLICANTS MUST COMPLETE SECTION 1,3,4,5,6 AND 10. COMPLETE SECTIONS 2,7,8 & 9 IF REQUIRED.****1. OWNER INFORMATION**If this application is for joint ownership, do you wish clear rights of ownership to be transferred to the surviving owner in the event of the death of either owner named on this title? ☐ YES ☐ NO

OWNER'S NAME (LAST, FIRST, MIDDLE)		SOCIAL SECURITY NO. OR EMPLOYER ID NO.	
CO-OWNER'S NAME (LAST, FIRST, MIDDLE)		SOCIAL SECURITY NO. OR EMPLOYER ID NO.	
If you change your residence/home address or mailing address to a non-Virginia address, your driver's license and/or photo identification (ID) card may be canceled.			
RESIDENCE/HOME ADDRESS (Apt. # if applicable)		CITY	STATE ZIP CODE
MAILING ADDRESS (if different from above OPTIONAL)		CITY	STATE ZIP CODE
CO-OWNER'S ADDRESS (if different from above)		CITY	STATE ZIP CODE
RESIDENCE JURISDICTION		Check if you are an active member of Military Service claiming residency in a state other than Virginia. <input type="checkbox"/>	
LOCATION WHERE VEHICLE IS PRINCIPALLY GARAGED		<input type="checkbox"/> CITY <input type="checkbox"/> TOWN <input type="checkbox"/> COUNTY	OF STATE:

**2. LIEN INFORMATION**Is this vehicle secured with a lien? ☐ YES ☐ NO If YES, complete this section.

DATE OF FIRST LIEN (MM/DD/YY)	LIEN HOLDER'S NAME	ELECTRONIC LIENHOLDER CODE
LIEN HOLDER'S MAILING ADDRESS		CITY STATE ZIP CODE
DATE OF SECOND LIEN (MM/DD/YY)	LIEN HOLDER'S NAME	ELECTRONIC LIENHOLDER CODE
LIEN HOLDER'S MAILING ADDRESS		CITY STATE ZIP CODE

**3. SOURCE OF OWNERSHIP**VEHICLE SOLD TO YOU AS (CHECK ONE): ☐ USED ☐ NEW ☐ DEMONSTRATOR VA. DEALER LICENSE NO. RENTOR NO. DATE OF PURCHASE

SALE PRICE	PROCESSING FEE	SALES & USE TAX	FROM WHOM PURCHASED:
STREET ADDRESS		CITY	STATE ZIP CODE

**4. VEHICLE INFORMATION**

MAKE		BODY TYPE		MODEL YEAR	
PREVIOUS TITLE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER (VIN)		COLOR OF VEHICLE	PRIMARY SECONDARY
GROSS WEIGHT	EMPTY WEIGHT	GVWR	GCWR	NO. OF AXLES	FUEL TYPE
IS THIS A LOW SPEED VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IS THIS A LOGGING VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO			

**5. PERSONAL PROPERTY TAX RELIEF**DOES YOUR VEHICLE QUALIFY FOR CAR TAX RELIEF?  
If you can answer YES to any of the following questions, your motor vehicle is considered by State Law to have a business use and does NOT qualify for Personal Property Tax Relief.

- Is more than 50% of the vehicle's annual mileage used as a business expense for federal income tax purposes OR reimbursed by an employer?
- Is more than 50% of the depreciation associated with the vehicle deducted as a business expense for Federal Income Tax purposes?
- Is the cost of the vehicle expensed pursuant to Section 179 of the Internal Revenue Service Code?
- If the vehicle is leased by an individual, does the leasing company pay the tax without reimbursement from the individual?

This vehicle is for ☐ Personal Use ☐ Business Use Check one of the boxes. See business use criteria above.**6. ODOMETER STATEMENT**

Federal and state law requires that you state the mileage in connection with the transfer of ownership. Failure to do so or providing a false statement may result in fines and/or imprisonment.

I CERTIFY THAT THE ODOMETER READING IS: (no tenths) AND TO THE BEST OF MY KNOWLEDGE (check one):

- ☐ Odometer reading is the actual mileage of the vehicle ☐ The mileage stated is in excess of its mechanical limits  
☐ Odometer reading is not the actual mileage (WARNING: Odometer discrepancy)

**7. LEASING INFORMATION****COMPLETE ONLY FOR LEASED VEHICLE:**DO YOU WISH TO HAVE VEHICLE RENEWAL CARD MAILED TO LESSEE? ☐ YES ☐ NO If YES, please provide the information requested below

LESSEE'S NAME		CO-LESSEE'S NAME	
ADDRESS (Apt. # if applicable)		CITY	STATE ZIP CODE

LOG NUMBER:

TITLE NUMBER:

**8. MANUFACTURED HOME**

MANUFACTURED HOME DIMENSIONS

LENGTH:

FT. X WIDTH:

FT.

COMPLETE IF THIS IS A MANUFACTURED HOME

MANUFACTURED HOME ADDRESS (if different from reverse side)

COMPLETE FOR MULTI-STAGE VEHICLES ONLY (a vehicle is multi-stage if its chassis and body are manufactured as separate units with different make, model year, and/or chassis ID)

CHASSIS MAKE

MODEL YEAR

CHASSIS IDENTIFICATION NUMBER

SEATING CAPACITY (Buses Only)

**9. REGISTRATION**

NOTE: If this vehicle's length, width or height exceeds statutory requirements, applicant must contact the Department of Transportation for a special permit prior to its being moved on the public highways since license plates cannot be issued.

CHECK TYPE OF REGISTRATION FOR WHICH YOU ARE APPLYING:

☐ VOLUNTEER EMERGENCY VEHICLE☐ PRIVATE ☐ RENTAL ☐ FOR HIRE ☐ FOR HIRE TOW TRUCK☐ TRANSFER OF LICENSE NUMBER \_\_\_\_\_☐ ONE-YEAR or ☐ TWO-YEARANTIQUE: (Check One) ☐ BLACK & WHITE ☐ ANTIQUE YELLOW☐ PERMANENT **For Permanent Trailer Only -** No month or year decals will be issued. A one-time \$52.00 fee.**For Permanent Tractor/Truck Only -** No month or year decals will be issued. Vehicle must have a GVWR or GCWR of 26,001 Lbs or more, or 7,501 or more if the truck/tractor is owned by a business or a farm. Annual or Bi-annual fees required.

CHECK TYPE OF PLATE REQUESTED:

☐ REGULAR (Virginia 400th Anniversary)☐ HERITAGE (Dogwood- Cardinal)SCENIC: ☐ MOUNTAIN TO SEASHORE☐ AUTUMN☐ PATRIOT**FOR HIRE OPERATIONS:**

You must complete this section if you checked FOR HIRE or FOR HIRE TOW TRUCK above.

Vehicle Use: Check all that apply.

☐ OPERATING AUTHORITY ☐ LEASED AUTHORITY ☐ EXEMPT COMMODITY/OPERATIONS ☐ INTERSTATE OPERATIONS ONLY (LESS THAN 26,001 LBS.)

If you checked OPERATING AUTHORITY or LEASED AUTHORITY, check all of the following authority types for which the vehicle is used.

☐ COMMON CARRIER OF PASSENGERS (REGULAR ROUTES) ☐ COMMON CARRIER OF PASSENGERS (IRREGULAR ROUTES)☐ NON-PROFIT/TAX-EXEMPT CARRIER ☐ CONTRACT BUS CARRIER ☐ EMPLOYEE HAULER ☐ BULK PROPERTY CARRIER☐ CONTRACT PASSENGER CARRIER ☐ SIGHT-SEEING CARRIER ☐ HOUSEHOLD GOODS CARRIER ☐ TAXICAB ☐ PROPERTY CARRIER**INSURANCE CERTIFICATION. I/WE CERTIFY THAT (check one):**☐ THIS VEHICLE IS INSURED BY A LIABILITY POLICY ISSUED THROUGH AN INSURANCE COMPANY LICENSED TO DO BUSINESS IN VIRGINIA AND IT WILL REMAIN INSURED WHILE REGISTERED☐ THIS VEHICLE IS NOT INSURED; THEREFORE, I AM REMITTING THE APPLICABLE UNINSURED MOTOR VEHICLE FEE (provides no insurance coverage).A VEHICLE MUST BE INSURED WITH LIABILITY COVERAGE WHEN IT IS REGISTERED, AND IT MUST REMAIN INSURED WHILE REGISTERED, WHETHER OR NOT IT IS OPERATED, OR THE UNINSURED MOTOR VEHICLE FEE MUST BE PAID. PENALTIES ARE SEVERE FOR VIOLATION OF THIS REQUIREMENT.**POWER OF ATTORNEY FOR NON-RESIDENT(S) AND CORPORATION(S) NOT DOMESTICATED IN VIRGINIA**

PURSUANT TO VA. CODE SECTION 46.2-601, I/WE APPOINT THE COMMISSIONER OF THE DEPARTMENT OF MOTOR VEHICLES OF THE COMMONWEALTH OF VIRGINIA, AS MY/OUR LEGAL AGENT UPON WHOM ALL LEGAL PROCESS TO ME/US MAY BE SERVED IN ANY LEGAL PROCEEDING ARISING FROM THE OPERATION AND/OR USE OF ANY MOTOR VEHICLE REGISTERED IN MY/OUR NAME IN THE COMMONWEALTH OF VIRGINIA. I/WE AGREE THAT ANY LAWFUL PROCESS OR NOTICE TO ME/US WHICH IS SERVED ON THE COMMISSIONER SHALL HAVE THE SAME LEGAL EFFECT AS IF SERVED ON ME/US WITHIN THE COMMONWEALTH OF VIRGINIA.

**10. CERTIFICATION/AFFIDAVIT**

I certify and affirm under penalty of perjury that the information contained in this application is true and correct to the best of my knowledge. I understand it is unlawful to knowingly make a false statement and any violation may be prosecuted as a felony as provided in Virginia law.

Is this a state- or locally-☐ NO ☐ YES owned vehicle?

If yes, enter agency code:

Unit having operational control:

SIGNATURE OF APPLICANT

DATE  /  / 

SIGNATURE OF CO-APPLICANT

DATE  /  / **NOTICES****PRIVACY ACT NOTICE:** The information, including Social Security Number, is requested in accordance with Section 46.2-623. (Code of Virginia).

Any person who refuses to supply the required information will be denied a certificate of title and/or registration. Titles and registration records may be disseminated, in accordance with Section 46.2-208 through Section 46.2-214, to business, law enforcement, or authorized government entities.

**AMERICANS WITH DISABILITIES ACT:** If you need special assistance to use this form, or if you need this form in an alternate format, please notify a DMV Customer Service Center Manager so we may make arrangements to accommodate your needs.**VEHICLE SAFETY REQUIREMENTS:** Motor vehicles registered in Virginia require safety inspection every 12 months. Trailers with separate braking systems must also be inspected. A vehicle may be inspected at inspection stations licensed by the State Police, including many service stations and auto repair shops. A valid safety inspection sticker must be displayed on the vehicle.**VEHICLE SUN-SHADING REQUIREMENTS:** Virginia's sun-shading requirements for the minimum percent of light allowed are as follows: Regular passenger vehicles = front side windows - 50%; rear side and rear windows - 35%; and windshield = no sun-shading allowed. Multi-purpose passenger vehicles and pickup trucks = front side windows - 50%; rear side and rear windows = no limitations, and windshield - no sun-shading allowed. Contact the State Police, if you have questions about whether the sun-shading on your vehicle meets these requirements. DMV is authorized to issue waivers to individuals who have medical conditions requiring restriction from sunlight or bright artificial light.**THIS SECTION FOR DMV USE ONLY**WITH LIEN ☐ YES ☐ NO

PLATE NUMBER

PLATE TYPE

EXPIRATION DATE

IF HELD, REASON:

CLERK STAMP

SALE PRICE

TITLE FEE

TRANSFER FEE

PROCESSING FEE

REGISTRATION FEE

DHCD \* (\$10.00)

TAX

UMV FEE

TOTAL